Psychotherapy
MS-III Core Lecture Series

Benjamin W. Jordan
CDR, MC, USNR (FS)

Why do psychotherapy?

- Psychotherapy results in real change
  - fMRI and PET studies
- Dependent on the diagnosis, psychotherapy works as well as psychopharmacologic interventions
- Synergy: psychotherapy and psychopharmacology work better than either alone (“2+2=5”)

Not all psychotherapy is created equal

- Like medication, psychotherapy should be thoughtfully prescribed and individualized according to the patient's symptoms, abilities, and needs.
- Inappropriate psychotherapy can, like an inappropriate drug, be ineffective or even harmful.

Treatment Spectrum

- Lower ego strength
- Not psychologically minded
- Limited time

- Higher ego streng
- Psychologically mir
- More time

Adapted from Gabbard GO, *Psychodynamic Psychotherapy in Clinical Practice*

What do we consider when assessing “ego strength?”

- Reality testing
- Impulse control
- Interpersonal relations
- Balance of affects
- Ability to sublimate
- Introspective capacity
- Verbal ability
- Motivation for change

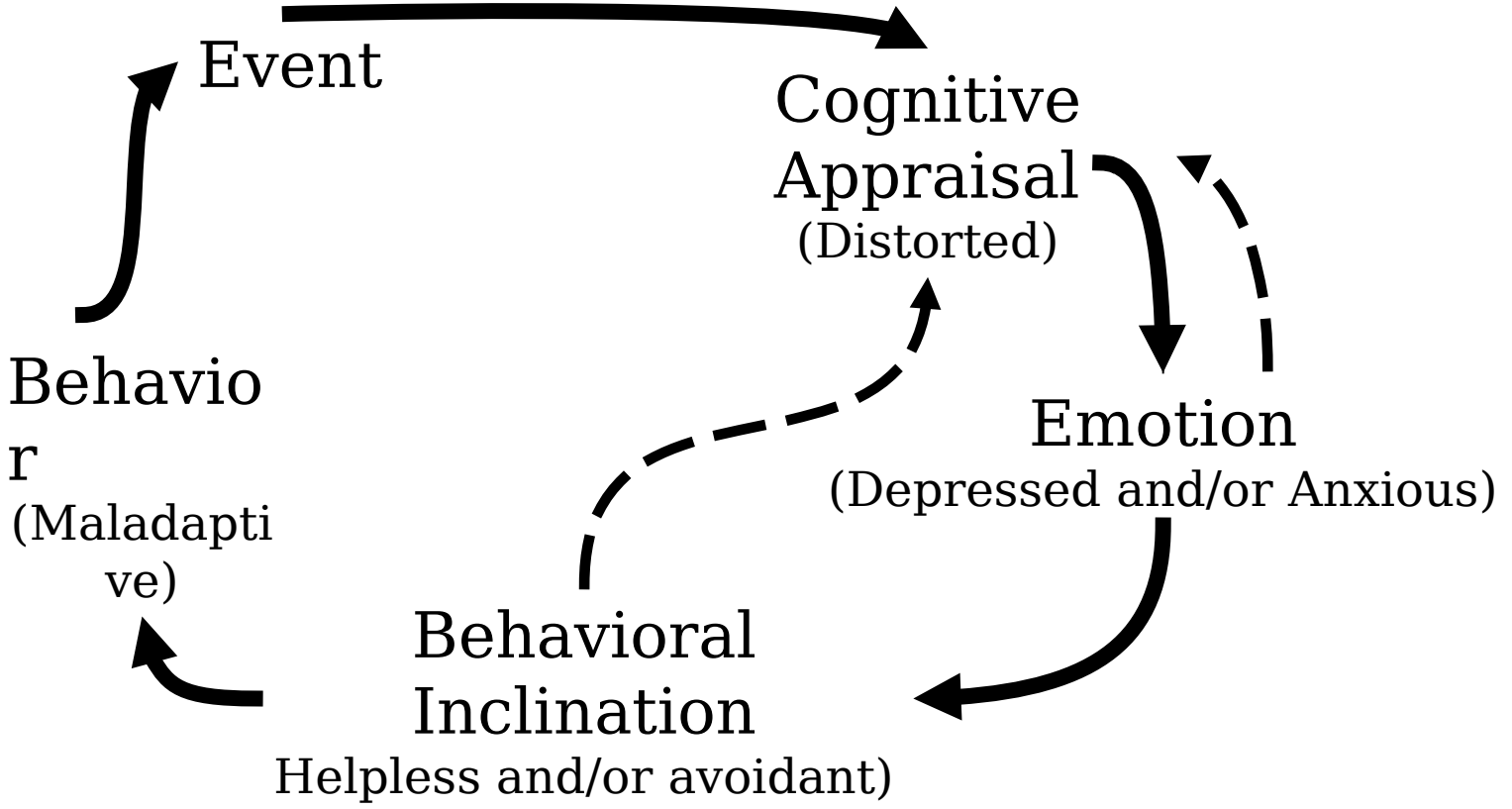
Supportive psychotherapy

- Aims to maintain or restore function
- Less intensive and less anxiety provoking
- Therapist provided a “holding environment”
- Active therapist
- Therapist attempts to strengthen defenses
- Therapist is a guide or mentor
- Deals with issues “close to the surface”
- Can sometimes lead to more intensive therapies (varied duration)
- Uses reassurance, praise, empathy, advice

Cognitive Therapies

- Originated by Aaron Beck
- Based on the theory that “an individual’s affect and behavior are largely determined by the way in which he structures the world.”
- The world is structured on the basis of cognitions based on assumptions or *schema*
- Includes consideration of automatic thoughts, or *cognitive distortions*, and *maladaptive assumptions*.
- Effort is collaborative and didactic; the therapist acts as an instructor
- Shorter duration (10-12 sessions)
- Can be used in both individual and group settings

Cognitive Therapies



Adapted from *APA Textbook of Psychiatry*, 2003

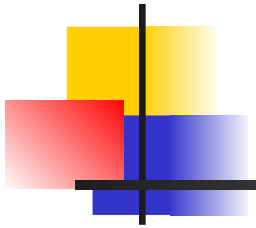
Cognitive Behavioral Therapy

- Adds behavioral techniques
- Behavioral interventions can be used to test and change maladaptive and inaccurate cognitions
- Behavioral techniques can help the patient increase satisfaction and mastery

Interpersonal Therapies

- Based on the ideas of Harry Stack Sullivan
- Focuses primarily on current interpersonal relationships, rather than past relationships
- Assumes a connection between mood disorders and their interpersonal context
- Shorter duration (10-12 sessions)
- Uses reassurance, clarification, and improvement of interpersonal communications and facilitation of changing roles

Short-term (Brief) Dynamic Therapies



- Originated in psychoanalytic schools
- Shorter duration (12-20 sessions)
- Different schools and approaches, but all tend to find a focal problem (core conflict, oedipal issues, separation issues)
- Use of transference
- Techniques include clarification, confrontation, and interpretation
- Easier to standardize and study

Psychoanalytic Psychotherapy

- Longer duration (meet 4-5 times weekly for 1-3 years)
- Less structured
  - Free association encouraged
- Therapist is less directive
- Explores resistance to treatment
- Utilizes transference reactions
- Uses confrontation, clarification, interpretation
- Psychoanalysis *vs*. psychoanalytic psychotherapy

Group Therapies

- Vary in approach and techniques across the treatment spectrum
- Can be homogeneous or heterogeneous
- Open *vs*. closed models
- Role of facilitator
- Concurrent individual therapies
- Some principles of group therapy (Yalom):
  - Universalization, instillation of hope, altruism, imparting of information, imitative behavior, catharsis, group cohesiveness, corrective recapitulation of primary family group, interpersonal learning, existential issues

Couples/Family Psychotherapies

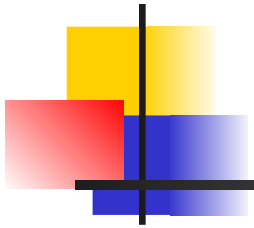
- Treatment of the family as a unit (system)
- Varied therapies
  - Individual
  - Individual couples
  - Conjoint
  - Four-way
  - Group
  - Combined
- Concurrent individual therapy
- Involvement of extended family or social system

Behavioral Therapies

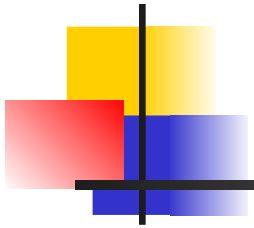
- Focuses on observable phenomenon (i.e. behaviors)
- Origins in animal psychology
  - Watson, Wolpe, Eysenck, Shapiro, Skinner
- Use of behavioral training, such as relaxation therapy
- Use of desensitization
  - Graduated approaches *vs*. flooding
- Also includes aversion therapy, eye movement desensitization and reprocessing (EMDR), positive reinforcement, dialectical behavioral therapy (DBT)

Other Psychotherapies

- Biofeedback
- Hypnosis
- Psychosocial treatments
  - Hospital ward, day treatment programs, treatment communities
  - Jail, military (?)



What would you prescribe?



Questions?